

2394

MARGIN RESERVED FOR BINDING
 N. B.—WRITE IN INK ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH		ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Pima</u> State <u>Arizona</u>		State File No. <u>2681</u>	
Township <u>Lucas</u> or Village <u>(Emory Park)</u>		City <u>Lucas</u> No. _____ St. _____ Ward _____		Registered No. _____	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? <input checked="" type="checkbox"/> yrs. <input type="checkbox"/> mos. <input checked="" type="checkbox"/> ds.			
2. FULL NAME <u>Ida Rollins</u>		(a) Residence: No. <u>Emory Park</u> St. _____ Ward _____		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Wm. Rollins</u>					
6. DATE OF BIRTH (month, day, and year) <u>Sept. 3, 1862</u>					
7. AGE	Years <u>70</u>	Months <u>1</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) _____				
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) (state or country) <u>Utah</u>					
MOTHER	13. NAME <u>Thos. J. Patterson</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
	15. MAIDEN NAME <u>unknown</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Mo.</u>				
17. INFORMANT <u>J. W. Rollins</u> (Address) <u>Thoson, Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Dafford, Ariz.</u> Date <u>Oct. 14, 1932</u>					
19. UNDERTAKER <u>Reilly Undertaking Co.</u> (Address) <u>Thoson, Arizona</u>					
20. Filed <u>Oct. 14, 1932</u> Registrar <u>Lewis N. Howard</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Oct. 11, 1932</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>April 25, 1932</u> to <u>October 10, 1932</u>					
I last saw her alive on <u>October 10, 1932</u> death is said to have occurred on the date stated above, at <u>3:30 a. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis (Chronic Fibroid) April 1922</u>					
Other contributory causes of importance: <u>Chronic Myocarditis April 1931</u>					
Name of physician _____ Date of _____					
What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____ M. D. _____					
(Signed) <u>Wm. J. Schuch</u> (Address) <u>119 N. 1st St., Tucson, Ariz.</u>					